

AFFIDAVIT OF MANAGING GENERAL AGENT

THIS DOCUMENT MUST BE COMPLETED BY AN OFFICER OF THE INSURANCE COMPANY (the "insurer" named in Section A below). The completed affidavit must be included with the license application of the prospective managing general agent.

SECTION A	Full name of the INSURER that the MGA named in Section B will represent:			NAIC Number:	
Insurer Information	Street address of INSURER:	City	State:	Zip Code:	
SECTION B	Full name of the MGA that will represent the insurer named in Section A:				
MGA Information	Street address of MGA:	City	State:	Zip Code:	
SECTION C	Does or will the MGA named in Section B				
Scope of MGA Responsibilities	1. EITHER <div style="margin-left: 20px;">a. Negotiate and bind ceding reinsurance contracts on behalf of the insurer in Section A?</div> <div style="text-align: center; margin-left: 100px;">OR</div> <div style="margin-left: 20px;">b. Manage all or part of the insurance business of the insurer, including the management of a separate division, department or underwriting office?</div> <div style="text-align: right; margin-right: 20px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>				
	2. AND act as an insurance producer or agent for the insurer? <div style="text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>				
	3. AND produce and underwrite, with or without authority and either separately or together with affiliates, directly or indirectly, an amount of gross direct written premium that is equal to or exceeds 5% of the policyholder surplus as reported in the last annual statement of the insurer in any one quarter or year? <div style="text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>				
	4. AND EITHER <div style="margin-left: 20px;">a. engage in the adjustment or payments of claims</div> <div style="text-align: center; margin-left: 100px;">OR</div> <div style="margin-left: 20px;">b. negotiate reinsurance on behalf of the insurer?</div> <div style="text-align: right; margin-right: 20px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>				

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SECTION D	1. Did the MGA named in Section B produce and underwrite insurance anywhere in the United States for the insurer named in Section A during the preceding calendar year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Transaction Volume	2. What year was the PRECEDING calendar year?	2) _____
	3. If the answer to D.1 is YES, enter the amount of total gross direct written premium produced and underwritten by the MGA for the insurer during the PRECEDING calendar year. If the answer to D.1 is NO, enter the amount of total gross direct written premium reasonably estimated to be produced and underwritten by the MGA for the insurer during the CURRENT calendar year.	3) \$ _____
	4. If the answer to D.1 is YES, enter the amount of "total monies handled" (gross written premium less gross return premium) by the MGA for the insurer during the PRECEDING calendar year. If the answer to D.1 is NO, enter the amount of total monies <u>reasonably estimated</u> to be handled by the MGA for the insurer during the CURRENT calendar year.	4) \$ _____
	5. If the answer to D.1 is YES, enter the policyholder surplus for the insurer during the PRECEDING calendar year as reported in the insurer's annual statement. If the answer to D.1 is NO, enter the <u>estimated</u> policyholder surplus for the insurer for the CURRENT calendar year.	5) \$ _____
	6. Enter the ratio of gross direct written premium to policyholder surplus (D3 divided by D5)*100. (Must be at least 5%)	6) _____%
SECTION E	The total amount of the required deposit shall be 10% of the amount in Section D.4, except no deposit may be less than \$50,000 or more than \$100,000.	\$ _____
Deposit		

AFFIDAVIT

STATE OF _____)
)
 COUNTY OF _____)

I, the insurance company officer named below, being duly sworn, depose and say that the above statement is true and correct to the best of my knowledge and belief.

 PRINTED NAME AND TITLE OF INSURANCE COMPANY OFFICER SIGNATURE OF INSURANCE COMPANY OFFICER

 INSURANCE COMPANY TELEPHONE NUMBER INSURANCE COMPANY FAX NUMBER

Subscribed and sworn to before me this _____ day of _____ in the year _____,

(Notary Seal)

 NOTARY PUBLIC

My commission expires: _____